



Public Health and the Uninsured

Robert E. Fullilove, EdD
Mailman School of Public Health
Columbia University

Thanks to our Sponsors:

- School of Public Health, University at Albany
- NYS Department of Health
- NYS Community Health Partnership

Special Thanks to

- NYS Association of County Health Officials
- NYS Nurses Association

Viewer Call-In

Phone: 800-452-0662

Fax: 518-426-0696

Evaluations

Please visit

www.t2b2.org

to fill out your evaluation and post test.

Your feedback is invaluable to this program.

Thank you!

School of Public Health Continuing Education

For more information please contact us
or log on to our website.

518-402-0330

www.t2b2.org

Statistical Portrait

- In 2004 16.8% of the US civilian population was uninsured - (45.3 million people)
- Young adults age 19 to 24 were at greatest risk: 35% of this group lacked insurance

Race and Insurance

- Among those under 65 years of age, 32% of Latinos/Hispanics were uninsured
- Among African Americans, 21.9% were without insurance
- Among whites, 14.5% were uninsured

Source: Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality, June 2005

Latinos and the Uninsured

- Latinos of all races constitute only 15.1% of the US population under the age of 65
- Nonetheless, Latinos are 28.8% of the uninsured civilian population of the US

Trends in the Uninsured

- The number of uninsured Americans increased by 4.6 million from 2001-2004
- By contrast federal safety net spending (spending to cover the medical bills of the uninsured) fell from \$546 to \$498 per person during the same period

Trends cont.

- Thus, while the number of uninsured rose by 11.8 percent, there was an 8.9 percent decline in spending by the federal government per uninsured individual on health care.

[source: Kaiser Commission on Medicaid and the Uninsured, November 2005]

Sources of the Increase in the Uninsured

- Two-thirds of the increase in the numbers of the uninsured was among people with incomes 200 percent below the poverty line
- Fifty-four percent [54%] of this increase occurred in the Southern region of the United States

Sources cont.

- Half of the growth in the uninsured occurred among young adults between the ages 19-34
- Reasons: a sharp decline in employer coverage rates

[source: Holahan and Cook, Urban Institute, 2005]

Immigrant Health

- Immigrants to the US are most likely to be uninsured
- Reasons: immigrants are most likely to be employed in low-wage jobs without health coverage and face restrictions on obtaining public coverage

Immigration cont.

- Nonetheless, the growth in the uninsured has been largely among native citizens of the US. Immigrants are not the cause of the increases in the number of uninsured
- During the period 2000-2003, during a period of economic slowdown, native citizens comprised 3.6 million of the 4.2 million growth in the uninsured

[source: Holahan and Cook: Kaiser Commission on Medicaid and the Uninsured]

The Economy and the Uninsured

- Factors in the growth in the number of uninsured Americans:
 - A slow economy: Insurance costs outpace both economic growth and growth in wages
 - Fewer small businesses offer health benefits

The Economy cont.

- Structural changes in the economy and the workforce are a factor in access to health insurance:
 - Employment opportunities are increasingly found in small companies unable to pay health benefits
 - Large corporations are reducing health benefits, particularly if they have an aging workforce

Impacts (from “Uninsured in America”)

- Susan Starr Sered and Rushika Fernandoupulle interviewed Americans without insurance for their book
- Their work puts a human face on the uninsured. Findings suggest that the US is creating a caste system based on access to health care....

“Uninsured in America”

- The leading cause of personal bankruptcy in the US is unpaid medical bills
- Half of those in the ranks of the uninsured owe money to hospitals
- A third are being pursued by collection agencies

“Uninsured in America”

- Children without insurance are:
 - Less likely to receive medical care for serious injuries
 - Less likely to be treated for recurrent ear infections
 - Less likely to be treated for asthma

“Uninsured in America”

- Lung-cancer patients without insurance are:
 - Less likely to receive surgery
 - Less likely to receive chemotherapy or radiation treatment

“Uninsured in America”

- Heart attack victims without health insurance are less likely to receive angioplasty
- Pneumonia patients without insurance are less likely to obtain consultations or X-rays

“Uninsured in America”

- Estimates are that the annual death rate for the uninsured is twenty-five percent higher than those with insurance
- In general those without insurance are sicker than those who are insured, constituting a burden on emergency departments and on the public “safety net”

“Uninsured in America”

- The vicious circle:
 - The uninsured are sicker, so they tend to get low-paying jobs
 - With poorer paying jobs, workers can't afford health insurance
 - Without health insurance, these workers will get even sicker

[From: Malcom Gladwell's review of “Uninsured in America” in The New Yorker, 2005]

“Uninsured in America”

Most frequently heard complaint among those interviewed:

- Inability to obtain dental care, resulting in loss of teeth
- The loss of teeth creates an unattractive appearance and an inability to compete for jobs involving extensive contact with the public

“Uninsured in America”

- Health consequences of tooth loss:
 - Painful to eat fresh fruits and vegetables
 - Response? A diet of soft, processed foods
 - Result? Risk of obesity & diabetes from diet
 - Public health consequences: such a diet promotes obesity and is a factor in diabetes

Health Insurance: Canada vs. USA

- Health insurance in the US is largely private funded with a federal safety net: it is not universally available
- Health insurance is universally available in Canada.
- Is universal access to health care an answer to the US health care dilemma?

US Health Insurance in Context

- In 2003 the US spent 15.3 percent of its Gross Domestic Product on health care
- Although 45 million Americans are uninsured, the US Government spends more on health care than any other industrialized nation that provides insurance to all of their citizens.

Canadian Healthcare

- Canada introduced a program of national medical insurance approximately 10 years ago
- However, costs of hospital and physician services are increasing, and health care must compete with other publicly funded programs. Thus, universal health insurance is not without its problems.

Canadian Health Care

Problems with the Canadian system include:

- Long waiting lists for treatment are common
- Many emergency rooms have closed
- In a 1999 poll, three out of four Canadians believe their health care system is in crisis
- Similarly, 59% of Canadian physicians expressed concern about the quality of health care

Alternatives

- First point: the US does not have a system of “health” care, it has a system of “disease and illness care.”
- If our national priority were health, we would be much more concerned with funding our system of public health, which emphasizes prevention

Why Public Health?

- Some of our most expensive medical conditions are preventable: e.g.
 - HIV/AIDS and other sexually transmitted infections
 - Diabetes and its major cause, obesity
 - Lung diseases, including cancer and other smoking-related health conditions

Public Health and Health Care

- Emergency rooms are too often the primary health care provider for the poor
- When patients seek out the emergency department, they often present with what were once preventable problems that have become chronic, dangerous, and highly expensive to treat

Funding for Public Health

- The American public believes in medical technology and in our endless capacity to find treatments and cures
- The American public is generally ignorant of public health; the Harris Poll consistently reports that respondents can’t define the meaning of “public health”

Public Health

“Activities that society undertakes to assure the conditions in which people can be healthy. These include organized community efforts to prevent, identify and counter threats to the health of the public.”

- Bernard J. Turnock

Public Health

- PUBLIC HEALTH addresses the health concerns of the public.
- HEALTH refers to a feeling of physical, mental, personal and social well-being.
- HEALTH is affected by diet, exercise, BMI, air quality, water and food quality, life style, habits, stress, disease, genetics, public preventions and interventions, as well as medical and dental care and other factors.

Conclusions

- The number of uninsured Americans is growing
- The costs of providing care for those who are not insured is rising at a moment in history when the funding to pay for that care is diminishing

Conclusions

- Trends driving high rates of uninsured Americans include:
 - Changes in patterns of employment [opportunities are more likely to be in small businesses]
 - A slowdown in the economy in which health costs increase, but businesses are less able to afford employee health insurance that keeps pace

Conclusions

- The increasing national deficit has resulted in cuts to social welfare programs from Medicaid to funding for a variety of public health initiatives
- FINAL THOUGHT:
- It will get worse before it gets better!
“Forewarned is forearmed.”

Contact:

Robert E. Fullilove
ref5@columbia.edu

212-740-1719

Additional Resource:
Kaiser Family Foundation
www.kkf.org
Commonwealth Fund
www.cmf.org

Evaluations

Please visit
www.t2b2.org
to fill out your evaluation and post test.

Your feedback is invaluable to this program.

Thank you!

TV Watching and Childhood Obesity

January 19, 2006

Steven Gortmaker, PhD
Professor, Practice of Health Sociology
Department of Society, Human
Development and Health
Harvard School of Public Health